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ON THE OPERATIVE SURGERY OF TUMORS.

A CLINICAL LECTURE AT THE NEW YORK HOSPITAL, BY A. H. STEVENS, M.D.

As you have recently witnessed an operation for the removal of a tumor, I design, on the present occasion, to make some remarks upon this branch of operative surgery. I am the more especially led to do so, because it is not a subject well understood by young practitioners, nor, so far as I know, correctly described by any surgical writer.

The proper mode of removing tumors with the knife, is by far the most important of all the knowledge you can acquire of these diseases—for such is their diversity, that all attempts at a regular classification have been so unsuccessful as to be comparatively useless. The diagnosis of the various species, founded upon their external appearances, is, in many cases, exceedingly uncertain; even dissection, after their removal, sometimes leaves us in doubt as to their true character. Again, but a very few can be removed, or prevented from increasing in size, by any other means than a surgical operation. It is, therefore, hardly an exaggeration to state, that in practice the sum total of all our useful knowledge is that which teaches us the best method of performing these operations. This, then, is the subject of the present lecture.

Tumors often form beneath the scalp or the integuments of the eyelids. These are usually hollow, that is, they contain matter more or less fluid, and are called *encysted*. They adhere very loosely to the adjacent parts.

The most common mode of extirpating these tumors is by dissecting them out; but this is not always easily done, especially if the tumor be very small. I have known half an hour occupied in removing a tumor, not larger than a pea, from the upper eyelid. Sir Astley Cooper advises that they should be cut into, and then torn out. If the first of these operations is attempted, the surgeon should be quite sure that he does not begin to dissect around the tumor until he has laid it quite bare. But I prefer the other method, and this is the way of proceeding that I would recommend: At the first incision, I would cut freely into the sac of the tumor; seize the sac with the forceps, and pull it away either at once, or in different portions. If the sac resists, it will be because you have seized with the forceps one or more of the layers of cellular tissue which are always found surrounding the sac, and which are occasionally dense and strong. The connection of the sac with these layers is loose, but they adhere closely to each other. A few months since, I removed, in two or three minutes, six of these tumors from the head of a young gentleman of this city. The rule, therefore, is this—*cut into the sac and turn it out*; but do not attempt to tear away anything else with the sac.

If it should happen that any portion of the sac has formed strong adhesions to the surrounding parts, an occurrence which is extremely rare, it is proper that you should understand that a perfect cure may be obtained by destroying the internal membrane (which is seldom thicker than parchment) with a slight application of the kali purum, or of the nitrate of silver.

In the extirpation of *solid tumors* (I exclude a few cases of small malignant tumors where it is desirable to remove with the tumor a considerable mass of the circumjacent parts), there is one rule which should never be lost sight of, and by following which, many difficulties will be avoided—it deserves to be written in letters of gold. Did I say one rule? Let me rather say two rules, the first of which is this: *cut down to the tumor*. This may seem to be a simple matter, so simple that the necessity of it must occur to every one. Be this, however, as it may, I do aver that in some hundreds of tumors which I have seen operated upon, and often by very skilful surgeons, the tumor has seldom been fairly exposed and laid bare before its dissection has been commenced. Vessels have been unnecessarily divided, and the operation has been protracted by the loss of blood, and the necessary application of ligatures to the arteries. How this happens I will now attempt to explain.

Let us take for illustration the very common case of an enlarged lymphatic gland, in the neck. In its normal condition, this gland is supplied by one principal nutritive artery, and it is surrounded by an indefinite number of layers of cellular tissue. The layer next the gland embraces it like a shut sac; the exterior layers in contact with this, diverge and surround the adjacent parts. When the gland becomes enlarged from hypertrophy, or by becoming the seat of malignant deposits, the innermost layer of cellular tissue forms a sac, and its connection with the gland is usually loose, so that it may be readily stretched, or torn with the finger or the handle of the scalpel. The outer layers are also, in general, loose, and capable of being torn in the same way; but the manner in which they are applied to the gland, or rather to its sac, is worthy of particular attention, as affording a clue to the difficulties which are often encountered in these operations. The external layers of cellular tissue which cover the gland become, in the progress of its enlargement, stretched upon the exterior surface of the sac, being sometimes adherent to it, and to one another; from this point they diverge, passing to the anterior surface of some muscle, nerve or bloodvessel, or to the posterior surface of some of these or of other organs. The tumor itself, in the meanwhile, receives no new vessel, other than that which originally supplied it, even though it may have grown so as to completely surround the carotid artery, the internal jugular vein, and their branches. Even in this case, the proper sac will be found interposed between these parts and the tumor. These vessels are, in other words, pressed into the side of the tumor, which, with its sac, becomes folded around them; thus, strictly speaking, they form no part of the tumor, being exterior to the sac.

Keeping in mind the close application of several layers of cellular tissue, over the most superficial portion of the tumor (the first and greatest enlargement of the tumor being in this direction, because it is there least opposed in its progress by the pressure of the surrounding parts), and the separation of these layers on the lateral and deep-seated portions of the tumor, it is easy to understand:

1st, That important bloodvessels, nerves and other organs may be brought into close proximity to the morbid growth without absolutely touching it.

2nd, That if the surgeon, in cutting down upon the tumor, does not divide each and every layer investing the tumor before he begins to dissect around it, he cuts outside the sac, gets into some of the folds of cellular tissue, and encounters parts which ought not to be meddled with. He finds his knowledge of normal anatomy of little service to him; he gets away from the tumor, and makes a tedious and bloody operation in a case, where a different method of proceeding would have made everything plain and easy.

Finally, when the tumor is removed and examined, folds of cellular tissue, perhaps portions of muscle, or of other parts, are found to have been removed with it, which can be torn off, and that very readily, from its external surface. Had the surgeon, in the first instance, cut down to the tumor after dividing every layer investing it, no more difficulty would have been experienced in tearing these layers from the tumor before it was removed than afterwards.

If a surgeon is not familiar with operations upon tumors, he will almost uniformly fall into the error I have pointed out. The layers of cellular tissue are so transparent, and so closely applied to one another, that the tumor is distinctly seen, even when it is covered by several of them. It is better for a young surgeon, and even for an old one, if he has any doubt in the matter, to cut a little into the tumor, in order to be sure that he has fairly cut down to it.

Having reached the tumor, if the cellular tissue can be torn by the fingers or by the handle of the knife, tear it—in cases where it cannot be torn, cut in this manner: put the tumor upon the stretch, and cut lightly upon it near its points of attachment. Thus you avoid the possibility of any large bloodvessel or nerve being brought under the edge of your knife without being seen.

If the tumor is very large, or is deeply seated, it will sometimes be advisable, after having separated the attachments of the exterior portion of it as deeply as possible, to remove this portion. The removal of the remaining portion is thus much facilitated. In this manner, I safely removed a large tumor situated beneath the mastoid muscle, and which embraced the ninth pair of nerves in one part, and the common carotid artery, the internal jugular vein, the par vagum and œsophagus, in another part; after very little cutting the sac was separated from these parts. I have never taken up the carotid artery for the removal of a tumor in the neck or face, nor do I believe that it is ever necessary. If the principles already laid down are carefully observed, there will be no danger of hemorrhage, nor yet of sloughing, from the nerves and blood-vessels being extensively laid bare—laid bare, indeed, they are, but their sheath still covers them, and is sufficient for their nourishment. I have, on several occasions, left them plainly exposed, from the sternum to a point above the bifurcation of the carotid artery, and have never known secondary hemorrhage to follow.

In conclusion, I do not feel willing to admit the impossibility of safely removing any tumor about the head or neck, always excepting enlargements of the thyroid and parotid glands, of the successful results of which operations I have no knowledge.

In some cases of malignant tumors, not only the superficial, but other portions of the sac will be found closely adhering to the adjacent parts. If the tumor is in the vicinity of important parts, as in the axilla or neck, the plan I would recommend is this—cut down until the knife fairly enters the diseased parts, then, by the sight and touch, decide where the tissues, adjacent to the disease, are entirely healthy; make a slight incision into them on the distal side of the tumor; continue to separate them with the handle of the scalpel and the finger. If you are among healthy parts, as you proceed the cellular and other tissues will yield to a very moderate degree of force; the separation of the veins, arteries, and, lastly, the nerves, will require more force, increasing in the two last named. These parts will be felt like strings holding the tumor, and are not easily separated. Be careful not to use much force in the separation of a large artery, and still more in the separation of a large vein. It is a great mistake to suppose that arteries when torn never bleed: I have often seen them bleed, *per saltem*, after having been torn by the finger. Still, they do not bleed so freely as when cut, and, moreover, their orifices are usually easy to be found, and as easily secured. They also stop bleeding much sooner, if an attempt is made to check the hemorrhage by pressure. A nerve no larger than a silk thread is half as strong; yet I have broken them when nearly as large as a small crow quill. My practice is to bring the resisting cord, be it vein, artery or nerve, into view upon the palmar side of the fore-finger of my left hand, and then to seize it with the forceps, and divide it half an inch on the distal side of that instrument. If it is an artery, its patulous mouth will be seen, and a ligature may be applied before the forceps is removed. Thus you will conform to the *second rule*, that is, to remove the whole tumor and nothing more.

The dangers of operations for the removal of tumors may be thus enumerated, in the order of their magnitude, in the majority of cases:

1st, *Hemorrhage*. This may be either venous or arterial; usually the latter. Venous hemorrhage may be diminished by placing the patient in such a position for some time before and during the operation, as will favor the return of blood by gravitation. Large veins running over the surface of a tumor may be rendered distinct by pressure, and pushed to one side, or tied and divided.

Arterial hemorrhage may be diminished by tearing the vessels from the tumor. I have seen some surgeons tear the tumor itself out; this cannot always be done except to a limited extent, because a large number of parts are thus put upon the stretch at once. The better way is to hold the tumor, and tear off its investments, one portion at a time, with the fingers or with a strong pair of forceps; this method is also less painful than the former. Sometimes a vessel will retreat behind the ramus of the lower jaw, or into the axilla, and give rise to a troublesome bleeding. As these are usually the last attachments to be divided, it may be prudent to tie them before this division is made. I would also advise you always to divide and secure the trunks of arteries, before dissecting among their branches. If you neglect this rule, you may cut and tie the same vessel half a dozen times, as I have often seen done. This is the reason some surgeons are constantly encountering tumors of extraordinary vascularity; this vascularity being, in fact, simply owing to their wandering away from the sac of the tumor, and dividing the vessels at each successive cut nearer and nearer to the heart.

An important means of diminishing hemorrhage, in the removal of large tumors, is to subject them, for some hours previous to the operation, to the influence of cold applications. This, besides lessening the quantity of blood in the parts, has the effect also of diminishing the sensibility of the nerves, and thus essentially moderating the danger from the shock of the operation.*

Another, fortunately a more rare source of danger in operations for the removal of tumors, is the *introduction of air into the veins.* I have met with this occurrence only once in my practice, and that was in this hospital about ten years since. I was in the act of removing the last of several of the deeper chain of lymphatic glands of the neck, which had become enlarged so as to interfere with the functions of deglutition and respiration, and was cautiously using the knife about half an inch on the outer side of the internal jugular vein. After a slight escape of venous blood, I heard a noise like that produced by drawing up with a syringe the last drop of water in a vessel. I immediately placed my finger over the spot from which the blood had issued, not being able to discover any orifice; and looking the patient in the face, asked him how he felt; he answered, "very well." Marks of consternation were visible around me, and many suggestions were made which I did not heed, but calling for an eyed probe, I directed a ligature to be passed through it. I applied to the internal jugular vein two ligatures—one above, the other below the wound, directing them to be successively tightened. I then removed my finger and proceeded with the operation. No bad consequences followed the application of the ligatures. The wounded vein appeared to be a branch of the internal jugular, but I did not think it safe to pass a ligature directly round the divided vessel, not liking to run the hazard of removing the pressure of my finger.

I have enumerated, under the preceding heads, all I have to offer on the first branch of this subject, except that I would dissuade you from performing any operation upon a female about the menstrual period; and when about to perform it, to have the instrument within your own reach, rather than to have it handed to you by an assistant.

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* It has often occurred to me, though I have never put the idea into practice, that cold might be readily applied so as to cause tumors to slough out, and that the process would not be attended with as much pain as caustics, or even the knife.

In operations of great magnitude, I like to have the assistance of a judicious medical practitioner; he need not be a surgeon, but he should know what human nature will bear, and what it will not. If he is a personal friend of the patient, so much the better. I request this person to attend to the personal comfort of the patient (there is comfort in a well-performed operation, comparative comfort at any rate), to see that his position is easy, that he is supplied with suitable drinks, and, above all, to keep me informed, by a look or word, how the patient's pulse continues—how he sustains the operation; not but that the surgeon should judge for himself of the condition of his patient, but with this assistance he will avoid having his mind distracted too much from the manipulations of the operation; he will still find suitable occasions to give a look or word of sympathy and kindness.

An adult, with ordinary powers of endurance, will, generally, sustain an operation of the average severity, during protracted suffering of one hour's duration—rarely much more than this. A clammy skin, with coldness of the extremities, and a soft, thready pulse, indicate alarming exhaustion of the vital powers. But an experienced surgeon will judge most accurately from the expression of the countenance, from the eye and mouth especially—the former partially loses its lustre, the latter becomes relaxed, until, finally, the eyes are turned upward, and the jaw falls, indicating an almost hopeless condition. The voice, also, is an index of the degree to which the vital powers are sunk; its tones become more and more feeble, until, at length, the patient can only speak in a low whisper, like one in the collapsed stage of cholera, and finally ceases to articulate at all. On the first approach of this state of things, I would advise you to give your patient a few minutes' respite. I give you the above indications, as being the only ones that occur to me as capable of being conveyed by language; your own observation will hereafter enable you to determine their real value. It is also important for you to know that a patient will endure a long operation much better by being allowed two or three short intervals in which to rally during the progress of an operation, it being more easy to prevent him from sinking, than to raise him from extreme prostration.

In conclusion, let me advise you never to undertake an operation which your own judgment does not approve. In a matter involving life, the wishes of the patient, either for or against the operation, should go for nothing, and so should the authority of others. If reasons cannot be given that convince you, retain your own opinion, and act upon it, if the patient will submit to it.

Finally, do not assist or countenance, except officially as hospital surgeons, an operation undertaken against your judgment. I acted otherwise on one occasion; certainly I shall never do so again. After the operation had but fairly commenced, I saw, by the patient's countenance, that he would sink under it, and taking aside a friend of the operator, I entreated him to use his influence, which I thought would be effectual to avert the further procedure: but my request was not regarded, and the patient survived only a few hours.

It is not in the way of self-praise, but to endeavor to give value to the remarks I have made, that I say, that during the course of five and twenty years' practice, during most of which time I have been a surgeon in this hospital, I have never declined an operation as impracticable which afterwards proved to be otherwise, and that I have never lost a patient from the immediate effects of any operation I have undertaken. —*N. Y. Journal of Medicine and Surgery.*

TRIFOLIUM PRATINSE.

Dr. Mead, of Poolville, N. Y., in a recent letter says—"In the last volume of your Journal I saw a short notice of the use of the ext. of Trifolium pratinse in ulcers, &c. I have used it in three cases of irritable ulcers with the most happy effects. It was conjoined, however, with alterative treatment. In two cases it cured them in a little while, after everything else, almost, had failed to have any effect. A case has occurred in the practice of a neighboring physician, of what was denominated "fever sore," where this extract was made use of. In every case where I have seen it used, so far, it has allayed all irritability, and promoted healthy granulations, and the healing of the ulcers."

MEDICAL REMINISCENCES.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

Continuing the subject of bills of mortality, I have ascertained, since writing the last number, that in the Second Society of the town of Wethersfield, from 1826 to 1840, the average mortality has been 9⅓ annually, which is 1 of 68½ of the population. I am able now to present the ratio of deaths in this parish for 94 years in succession. For the first 80 years, it was 1 of 76. For the whole period it will stand as follows: Whole number of deaths, 813; which divided by 94, the number of years, will make 8⅔ annual average, or 1 of 75 of the population. During the 14 years from 1826 to 1840, the deaths of consumption in this parish were 12 only, amounting to 1 of 11 of the deaths—a very small proportion indeed, considering that the village is not exposed to miasmatic fevers. From these facts it appears that, in this parish, it will take something more than 76 years to produce a number of deaths equal to the average number of the population.

I have before me a very interesting communication from the Rev. Dr. Chapin, well known throughout New England as a most respectable and worthy clergyman, who is the pastor of the third parish of Wethersfield (Rocky Hill), where he has been settled from the year 1794 to 1840, a period of 46 years. He writes, "The correctness of my book for that space I cannot doubt." The table is so interesting, I present it as he gave it to me.

Anno Domini.	Infancy.	From 1 to 10 yrs.	10 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	Of Consumption.	TOTAL.
1794	2	3		2	1		2		5				15
1795	3	11	1	1	2	1	1	1			1	1	22
1796	8	4		1		1				1			15
1797	6	4		2	3	1	3	1		1		6	21
1798	5	1	1	1	1	2	2		3	1		2	17
1799	4	3		2	1	1		1	3	1			16
1800	5	1		1	3	3	2	1	1	3		2	20
1801	5	3	1		2		2			1		3	14
1802	5	5	1		1		1	1	2	1			17
1803	2	5		1	1	1		2	4			3	16
1804	5	4	1	1	1	2	4	1	2	1		3	22
1805	2	3			2	1		4	3	1		8	16
1806	3	2		2	1	1	2	1	2			3	14
1807	4	2		4		3	1	2	3			6	19
1808	3	2			4		1	2		1		3	13
1809	1	2		1	2		1			1		3	8
1810	3	4	1	2	1	2	1	2	1	1		4	18
1811	3	2				2		3	1	1	1	1	13
1812		1	1	2	1	2		3	1				11
1813	1	1			2	3	3	2	1	3		2	16
1814	5			1	1	3	1	1		1	1	2	14
1815	6				1	1	4	1	3			2	16
1816	2	2		1				1	3	1		2	10
1817	3				1		2	1	1	1	1	2	10
1818	3						2	1				1	6
1819	1	1	2			2	2	2	3	1		4	15
1820			1	2		1		2	2	2			9
1821	4	1	1	1		1	3	1	3	1		1	16
1822	4	2			2	3	1			1	1	4	14
1823	3		2	1	3			1	4	2		2	16
1824	5	1		3	4			3		3		6	19
1825	2	1		4	2		2	2	3	3		3	19
1826	1	2	3	2	1	2		1	7	1		3	20
1827	1	1	1		1	1	2	2	2	1		2	12
1828	2	3		3	1		1	2	4	1	1	4	18
1829	1	3	1			1	1	2	1	1		3	11
1830	2	3	1	1	2	1	2		3			1	15
1831	1			2		2	1	3	3	1		4	13
1832	4		1	2	1	2	3		4	2	1	4	20
1833	1	2	4			2	2		3	1		1	15
1834	1	1	2		3		1	1	2	1	1		13
1835	2	1		2	5	2	4	2	3	2			23
1836	1		2	1		2	1	2	2	3		3	14
1837		1	1	1		1	1	1	2			1	8
1838	3	3	2	2	1		1	2	5	3	1	3	23
1839		3		1	1	2	1	3		1	1		13
	128	94	31	53	59	55	64	64	95	52	10	108	705

The population of this village, writes my venerable correspondent, has not varied for many years but little from 1100. In 46 years, there have been 705 deaths, which is of the population 1 of 71—that is, 15 3-10 average for each year. The greatest number any one year was 23; the least number, 6. The number of deaths of consumption was 108, or 1 of about 6⅓ of the deaths.

One of the most interesting facts to be derived from the table is, that of 705 deaths that have occurred in this village for the 46 years recorded in the table, 157 of them occurred after the individual arrived at 70 years of age and upwards, or 1 of 4½! and 1 in 11 arrived to 80 years and upwards. At the rate of mortality which this village has had for 46 years, it would take something more than 70 years for a number equal to the whole population to die.

I have been thus particular concerning the mortality of this ancient town, because it may be considered a fair sample of the country towns in New England, and because it has varied less in the number of its inhabitants for the last half century, than any other town with which I am acquainted. Rocky Hill, or this third parish, lies south of the village of Wethersfield, and stretches along on the banks of Connecticut river three or four miles; it has less low land, however, than the parish above it. It is less subject to fevers, and has a greater proportional number of consumptions.

A few words respecting the bills of mortality in England. The proportion of deaths to the population has generally been put down as 1 to 58 or 1 to 60. In the year 1838 a new law of registry went into operation in that kingdom, which presents results of greater accuracy than has hitherto been gained with respect to their ratio of mortality. Heretofore the whole has been a matter of *estimate*; now it is reduced to something like *statistics.*

From the report of the Registrar General, the following facts are obtained. He makes the population of England and Wales to be 15,324,720, in the year 1838; the deaths to be 338,660—which is 1 of 45½ of the population. Mr. Farr, who has given great attention to this subject, comes to results not widely different for the year 1837. Deaths in England and Wales, according to his researches, are of males, 1 of 48; of females, 1 of 51; mean of the two sexes, 1 of 49—which may be considered the ratio of mortality for this portion of Great Britain.

He gives us a table dividing the metropolis (London) into *three groups of districts.* The *first,* he says, has 1 person to every 57 square yards, and has a mortality of 3.32 in every 100 persons annually. The *second* has 1 person to 78 square yards, and a mortality of 2.84 in every 100 (2.84 per cent.). The *third* has 1 person to 217 square yards, and a mortality of 2.16 to every 100 persons. The average of the whole will be very near 2.7 of 100, or 1 of 37 of the population. Mr. Farr remarks, what has seemed to follow from all our observations on this subject, that it may be laid down as a general principle, that whenever the proportion of deaths from phthisis, compared with the total deaths, is high, the absolute mortality is low."

Most of these facts were obtained from the Medical and Chirurgical

Review of October, 1839. So far as they go, they show that the health of England has been over-rated, and that it does not so much exceed the most civilized parts of the Continent of Europe, of equally healthy latitudes, as has been supposed.

In the American Journal of the Medical Sciences for 1828, there is a table of the proportion of deaths to the population of Philadelphia for 14 years, from 1807 to 1820 inclusive. The greatest fatality for any one year was in 1820, which was 1 of 38¼. The least fatality in any one year, was 1 of 56½. The average for the 14 years, was 1 of 47.8. In 1825, the deaths in Philadelphia were 3539. Supposing the population then to be 150,000, the mortality would be 1 of 43 nearly.

Worcester, *Feb.* 14, 1840. S. B. W.

SPINAL IRRITATION.

BY ISAAC G. BRAMAN, M.D., GEORGETOWN, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Miss ——, aged 17, of leuco-phlegmatic temperament, consulted me in August, 1838, and made the following statement relative to herself. She had from childhood possessed a good constitution, and enjoyed excellent health up to the preceding April. At that time she commenced attending school, which was kept one mile from her father's house. Her usual practice was to rise early in the morning, and engage herself diligently in domestic avocations until it was time to make preparations for school, where she repaired and attended closely to her studies through the day; returning at night to resume the duties of the morning. When the hour for retirement came, instead of giving herself the necessary repose, she took her books and spent the greater portion of the night in hard study.

The consequences of such unremitted exertions were, as might easily be imagined, to break down entirely her health. She suffered first from acute pain in the head and side; then followed loss of appetite, indigestion, constipation of the bowels, cough, difficulty of breathing, menstrual irregularity, &c. &c. She now sought advice, and was subjected to treatment for three months, with, however, indifferent success. At the expiration of this time she came to this place to reside with a relative, and it was then I became acquainted with her.

Her countenance was pale, and the expression rather anxious; pulse 100, small and wiry; tongue clean, and somewhat of a paleish red; appetite poor, and indigestion complete, so that the least substance of a solid nature distressed her exceedingly. Constipation was urgent; nothing passed her bowels, for a week or more, without the use of the most powerful cathartics, such as gamboge and croton oil. A short, dry cough was present, with difficult respiration. There was most acute pains in the head and side, much aggravated by pressure upon the course of the spinal column. It appeared that there had been no amelioration of the symptoms by treatment.

Considering it to be a clear case of spinal irritation, I at once put her upon a course calculated to remove the disease, which I shall sum up in a few words: this consisted of *active* irritants, *freely* and *constantly* applied to the spine for a considerable space of time. She took internally, three times a day, from one third to a grain of nit. argent., and each night two pills composed of ext. cicut. and pil. hydrarg., of each four grains. The nit. argent. was laid aside after four weeks for carb. ferri and myrrh, with one or two grains of aloes. This plan, pursued perseveringly for two months, produced a sensible amendment, and in four from the time of my first seeing her she was able to resume domestic duties; there was, however, for a year or more, slight returns of her unpleasant symptoms upon any imprudence or extraordinary exertion. But at this date she is in the enjoyment of perfect health.

I have introduced the case of this young lady, not that there is anything remarkable or worthy of notice in its management, but simply to draw the attention of the profession more particularly to the disease in question—spinal irritation. This, I believe, is far more common than many of us are willing to admit. We sometimes, yea, frequently, observe symptoms of a very obscure and anomalous character, extremely difficult to account for and remedy effectually, but which are ultimately referred to spinal irritation, and entirely relieved by the usual plan of treatment in such affections. Such was the fact in regard to my patient. Her case was at first termed "anemia," subsequently "an affection of the lungs," &c. But neither of these conclusions was correct. Spinal irritation was the *prima causa et mobile* of all her troubles, and a *thorough, vigorous, persevering course* with direct reference to this matter, eventually resulted in her entire restoration to health.

March, 1840.

IMPROVED TRUSS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Some remarks on the subject of hernia, which appeared in one of your recent Journals, suggest the propriety of calling attention more carefully to an excellent instrument for the relief of this complaint, which has recently been offered, and which is not an alteration merely of those in use, but is really an *improvement*. The truss is light, simple in its construction, is so arranged that the pressure may be increased as gradually and as much as is desired, may be altered according as the wearer may grow more or less corpulent, and being furnished with different pads, and a slide and wheel by which the direction of the pad may be changed, is capable of being easily adapted to the different kinds of rupture. The writer of this notice has no interest in the instrument further than the wish that so excellent a truss may be known to those who have occasion to wear one. Those of the readers of the Journal who noticed a description of *Fletcher's truss* in one of the recent numbers, will recognize that as the one alluded to—and those to whom this notice may introduce it, will find it a simple and an efficient instrument. It seems that Mr. Angier, of Medford, is the proprietor. P. R.

QUESTIONS FOR CORRESPONDENTS.

Query 1. What would be the effect on the cow inoculated with the venereal virus? Is there any probability that syphilis would become a temporary disease, instead of perpetual and fatal, as now if neglected? Suppose the change of character as regards time should occur in the cow, would vaccination of the human subject be a preventive of the human disease?

Query 2. Is the conduction of electricity from the body, by means of wet feet, the cause of colds, or conduction by any other means their cause, since they occur in invalids housed for weeks. In these does the fall of barometer indicate the approach or greater liability? Is it a fact that persons at sea are less liable to colds than those on land? If so, has this fact any connection with the conduction of electricity to earth being cut off by the waters of sea, which yield to the body more readily than solid earth? Do India rubbers prevent colds on this principle?

H.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 4, 1840.

INOCULATION OF A COW.

Not many weeks ago, Dr. Horatio Adams, of Waltham, inoculated a cow with smallpox in several places. One pustule, only, was developed. At a proper period he took out the lymph and introduced it into the arms of applicants for vaccination. He assures us that the operation was entirely satisfactory and complete. He kindly favored us with a small quantity of the virus, but owing to some mishap, it was not made use of seasonably, and we are therefore unable to speak from personal experience on the subject. As some of our professional neighbors have expressed a desire to have Dr. Adams communicate the whole history of his experiments, it being a matter of immediate importance, we hope that he will gratify the public, at his earliest convenience, with a statement of the time, mode and other circumstances connected with the case.

Osteo-sarcoma.—In the Journal of last week, the reader must have noticed the history of an interesting and instructive case of osteo-sarcoma, by our friend and correspondent, Dr. Williams, of Deerfield. Having been present at both operations, which the unhappy sufferer, Mr. Hubbard, bore with heroic fortitude, we can bear testimony to the fidelity of Dr. Williams's narrative.

A principal object in requesting Dr. Williams to make the statement to which these observations refer, was for the purpose of ascertaining, by an examination of a number of cases, whether the success attending surgical operations for the removal of this formidable class of tumors, has really, on the whole, been essentially beneficial to the patients. The fact appears to be well established, in regard to the Deerfield case, that life was prolonged several years by excision of the diseased portion of bone. But has a permanent cure been frequently effected by a surgical operation? We invite correspondents to answer the question.

Dr. Gallup's Institutes of Medicine.—The Botanico-Medical Recorder has very well praised the last work of Dr. Gallup; and with a view, too, it seems, to influence the fraternity of steamers, throughout the length and breadth of the land, to adopt it as a text-book. This is an act that looks like intelligence, and the manifestation of a disposition to abandon the old popular doctrine, so long upheld by the craft, that book-learning was unnecessary. If a few sterling authors are read understandingly by the advocates for cayenne practice, the miserable system of which they prate so much would wholly pass into oblivion. If Thomsonians are ever rooted out of society, it will probably be accomplished by presenting them the means by which they may discover their own ignorance.

Medical Society of the State of New York.—At the annual meeting of the Medical Society of the State of New York, held at the capitol in the city of Albany, on the 4th, 5th and 6th ult., the following gentlemen were elected officers for the ensuing year. The names of Censors, &c., we omit. Dr. Sumner Ely, of Otsego, *President;* Dr. John B. Beck, of New York, *Vice President;* Dr. Peter Van Olinda, *Secretary;* Dr. Platt Williams, *Treasurer.*

Honorary Members.—Dr. Placido Portal, Palermo, Italy. Dr. George B. Wood, Pennsylvania.

Committee on Prize Questions and Dissertations.—Drs. James Mc Naughton, T. Romeyn Beck, Jonathan Eights, Robert G. Frary, Ely Pierce.

Committee of Publication.—Drs. T. Romeyn Beck, Joel A. Wing, James McNaughton.

The following were adopted as prize questions, and the sum of fifty dollars voted to the successful candidate on each question:

1. The Medical Literature of Cholera Morbus; previous to the appearance of the Epidemic Cholera. [It is expected that the medical history of cholera morbus in this country will be particularly examined.]
2. An Analysis of the Discoveries concerning the physiology of the Nervous System, from the publications of Sir Charles Bell, to the present time, both inclusive. [The report of Dr. Wm. Charles Henry (in the 2d volume of report of the British Association of Science) made on this subject in 1833, may be freely used, but it it required to continue the analysis down to the present time.]

The dissertations must be forwarded to the Secretary, on or before the 1st day of January, 1841.

Information has been received by the Society that the following Delegates have been appointed to the National Medical Convention, proposed to be held at Philadelphia, on the first Tuesday in May, 1840.

From the University of Pennsylvania—Dr. Nathaniel Chapman.

From the Medical Society of the State of New York—Dr. John McCall, of Utica; Dr. Thomas Spencer, of Geneva; and Dr. Joel A. Wing, of Albany.

From the Western Medical College, Fairfield, N. Y.—Dr. T. Romeyn Beck, and in case of his absence, Dr. James McNaughton.

From the State Medical Convention of Ohio—Dr. Awl, and two other delegates, names not ascertained.

It is also understood that the *Medical Society of the State of New Hampshire*, has appointed delegates.

A premium of fifty dollars was awarded, at the late meeting, to Nathan S. Davis, M.D., of Binghamton, Broome county, N. Y., for his dissertation on Diseases of the Spinal Column, their causes, history, diagnosis, and best method of treatment.

Tumor of the Clitoris.—This case is perhaps only interesting, in as far as it shows how the native females of India are subject to diseases of the clitoris, and how favorable their constitution is to the rapid healing of wounds.

On the 22d of April last, a Mahomedan woman, aged about 22 years, residing in Patna, presented herself at the Dispensary with a tumor attached to the glans clitoris, from which she had been suffering great physical inconvenience and mental distress for the last three years. During the last twelve months it had grown so rapidly, and assumed such an inconvenient size (resembling a large orange) as to occasion by the pressure of its weight over the orifice of the urethra much difficulty in voiding urine, so that she was obliged to lift it up with her hands at the time of making water. She had consulted all the native *Junnahs* or *Hakims* of Patna, and used their remedies without deriving any benefit whatever. On the 23d of April, agreeably to her husband's request and by the directions and advice of Dr. Davis (my immediate superior), who has seen the case several times, I removed the tumor, and the operation was followed by much hæmorrhage from a small arterial branch which was instantly secured by a ligature; the wound was subsequently dressed in the usual manner, and healed up in a few days by the first intention, and the patient was discharged from the list of in-door patients of the Dispensary ten days after the date of the operation.—RAUMESHUR AWUSTHEE, *in India Med. Journal.*

Dislocation of Humerus into Axilla—Reduction after three weeks.—A woman, aged about 50, was admitted into St. Bartholomew's Hospital with dislocation of the humerus into the axilla. It was a well-marked case, there being elongation of the arm, a hollow under the acromion, flattening of the shoulder, elbow protruded from the side, and the round head of the bone could be felt in the axilla. These signs may all exist in fracture of the acromion, or of the neck of the scapula, but then the arm is easily replaced, and crepitus produced, the arm again falling when our support is removed. It is said this dislocation has been mistaken for fracture of the neck of the humerus; but here, instead of elongation, we have shortening of the limb, and in place of the round head of the bone, we feel the sharp, rough, or irregular end of the shaft in the axilla.

Several unsuccessful attempts at reduction having been made in the country, the woman was brought to London, and was led into the operating theatre on Saturday, just three weeks after the accident occurred. She was first placed in a semi-recumbent posture, a towel was fastened round the wrist, and a cord appended to this was passed through a pulley fixed just above her head. Thus the arm was pulled directly upwards: with the exception of great suffering, no effect was produced—indeed the attempt appeared a very ill-directed one, for though, by this position of the arm, the deltoid and some of the capsular muscles are relaxed, yet little effective means being adopted to fix the scapula, as the cord was tightened, so was the patient raised, and the weight of her body became the principal counter-extending force. After persevering thus, for some time, the plan was altered; a large pad was placed in the axilla as a fulcrum, and the pulleys so fixed that the arm was pulled in a line parallel with the body. The bone returned almost immediately with a snap. This is a mere modification of Sir Astley Cooper's plan of the heel in the axilla, which is far the most effective in the generality of cases.—*London Lancet.*

Medical Miscellany.—Dr. Warrington's Nurse's Guide is having a profitable circulation.—The brig Acadian, on her arrival at Halifax, from Boston, was ordered into quarantine in consequence of having the smallpox on board.—Mr. Combe is about returning to Scotland, having just completed a course of lectures at Albany.—Smallpox still exists at New Bedford, and has, it is said, crept on board some of the whale ships.—Mr. Vanlining died at Newton, Ohio, at the great age of 102, a few weeks since.—Dr. Durfee, of Philadelphia, lately extracted a large darning needle from the thigh of a child fifteen months old. He made an incision through the fascia, where it was firmly imbedded. How came it there?—A law has been enacted in Rhode Island, requiring all the towns in the State to provide for the vaccination of the inhabitants once in five years.—A special meeting of the Counsellors of the Massachusetts Medical Society was held on Friday last in Boston.—Dr. Shattuck's translation of M. Louis on Yellow Fever, meets with the decided approbation of the medical periodicals in this country.—Dr. Griscom's little book on physiology, &c., belongs to the series of the Family Library, and therefore stands a chance of being brought into notice.—Dr. Toothaker's tooth instrument is constantly gaining friends. The dentists are certainly competent judges.—The students belonging to the medical class of the University of Pennsylvania, who have attended Dr. Gerhard's lectures on clinical medicine, at the Philadelphia Hospital, during the last winter, have passed a series of resolutions expressive of their obligations to Dr. G. for the zeal and ability he has manifested in imparting instruction in clinical medicine and pathological anatomy.—The article on club-feet, in the New York Medical Journal, to which we alluded last week, is by W. T. Detmold, M.D., of New York, and is an elaborate and very valuable treatise on the subject, being illustrated by cases and lithographic plates. The author has treated 167 cases within two years.

MARRIED,—At Lincoln, Mass., Dr. William Gallup, of Concord, to Miss Eliza H. Stone, of L.—In Van Buren, N. Y., Dr. Adonijah White to Miss Lucia H. Dow.

DIED,—In New York, H. B. Gram, M.D., 53.—At Broadalbin, N. Y., Dr. Amos C. Churchill, 35.

Number of deaths in Boston for the week ending February 29, 34. Males, 19—females, 15—stillborn, 1. Of consumption, 4—smallpox, 5—dropsy on the brain, 2—convulsions, 2—infantile, 3—lung fever, 3—scarlet fever, 3—hooping cough, 2—stoppage in the bowels, 1—teething, 1—drowned, 1—bronchitis, 1—child-bed, 1—apoplexy, 1—bowel complaint, 1—croup, 1—debility, 1—asthma, 1.

VERMONT MEDICAL COLLEGE.

The next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by David Palmer, M.D.
Theory and Practice of Medicine and Obstetrics, by Henry H. Childs, M.D.
General and Special Anatomy and Physiology, by Robert Watts, Jr., M.D.
Principles and Practice of Surgery, by Gilman Kimball, M.D.
Medical Jurisprudence, by Hon. Jacob Collamer, A.M.
Pathological Anatomy, by Robert Watts, Jr, M.D.
Demonstrator of Anatomy, Samuel W. Thayer, Jr., M.D.

Terms for the course, $50.—Graduation, $18.—For those who have attended two courses, but do not graduate, $10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

By order of the Board of Trustees,
Woodstock, Vt., Jan. 3, 1840. J. 8—eoptM15 N. WILLIAMS, Secretary.

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
Oct. 9—tf J. MASON WARREN.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
Oct. 31—eptf GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

MEDICAL TUITION.

The subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	Dr. Smith.
Surgery, by	Dr. Stedman.
Theory and Practice of Medicine, by	Dr. Perry.
Midwifery, Diseases of the Chest, and Demonstrations on Morbid Anatomy, at the Hospitals, by	Dr. Bowditch.
Materia Medica and Chemistry, by	Dr. Wiley.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

M. S. PERRY, C. H. STEDMAN, H. G. WILEY,
Jan. 29—ep1meoptf H. I. BOWDITCH, J. V. C. SMITH.

TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.
Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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